



State of California—The Resources Agency  
DEPARTMENT OF FISH AND GAME  
**DISABLED ARCHER PERMIT APPLICATION**  
**NO FEE**

**PERMIT MUST BE IN IMMEDIATE POSSESSION WHILE HUNTING**  
Valid July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_

**INSTRUCTIONS:** Complete this application and mail to the Department of Fish and Game's, License and Revenue Branch, 1740 N. Market Blvd., Sacramento, CA 95834. Allow 15 business days to process your application. Please print clearly. Incomplete or illegible applications may delay the processing of your application.

Pursuant to Section 354, Title 14, California Code of Regulations, a disabled archer may hunt with a crossbow or other device to draw and hold a bow in a firing position under the conditions of an archery tag or during archery season. Hunter must present permit upon request to law enforcement personnel.

**TO BE COMPLETED BY ARCHER:**

FIRST NAME	M.I.	LAST NAME		DATE OF BIRTH MM/DD/YYYY
PHYSICAL ADDRESS				DAY TELEPHONE ( )
CITY	STATE	ZIP CODE	HUNTING LICENSE NUMBER	DRIVER'S LICENSE OR DMV ID NUMBER

*I certify that I have read, understand, and agree to abide by, all conditions of this permit, the applicable provisions of the FGC, and the regulations promulgated thereto. I certify that I am not currently under any Fish and Game license or permit revocation or suspension, and that there are no other legal or administrative proceedings pending that would disqualify me from obtaining this permit. I agree that if I make any false statement as to any fact required as a prerequisite to the issuance of this permit, the permit is void and will be surrendered where issued, and I understand that I may be subject to prosecution pursuant to FGC Section 1054 or to other administrative actions pursuant to Section 746, Title 14, of the CCR.*

SIGNATURE <b>X</b>	DATE
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**TO BE COMPLETED BY PHYSICIAN:**

PHYSICIAN'S FIRST NAME	M.I.	LAST NAME		STATE LICENSE NUMBER
BUSINESS ADDRESS				BUSINESS TELEPHONE ( )
CITY	STATE	ZIP CODE		

**DESCRIPTION OF DISABILITY**

The following conditions (Section 354(k), Title 14, of the California Code of Regulations) must be met to qualify for issuance of a Disabled Archer Permit. ***“For the purposes of this section a physical disability means, a person having permanent loss, significant limitation, or diagnosed disease or disorder, which substantially impairs one or both upper extremities preventing a hunter to draw and hold a bow in a firing position.”***


*I, the undersigned, am a licensed physician for the above named hunter and do hereby certify this hunter requires the use of a crossbow or other device to draw and hold a bow in the firing position in order to hunt with archery equipment during an archery season or under the conditions of an archery tag. I also certify that I am licensed to practice in the state in which the applicant resides. I hereby certify under penalty of perjury and under the laws of the State of California that the foregoing information is true and correct.*

PHYSICIAN'S SIGNATURE <b>X</b>	DATE
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**FOR DEPARTMENT USE ONLY**

APPROVED BY:	DATE	PRINT NAME	TITLE / ISSUING OFFICE
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[Redacted]

MM/DD/YYYY

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